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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	P06384US00
First Named Inventor	SIDLINGER, Matthew R., et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SAFETY BARRIER AND METHOD FOR USING SAME

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: 22885 OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

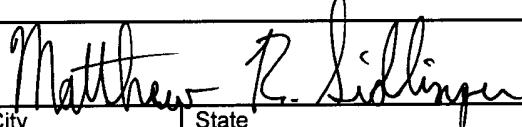
NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

MATTHEW R.

Family Name
or Surname

SIDLINGER

Inventor's
SignatureDate
9/04/03Residence: City
Clinton

State

Iowa

Country

US

Citizenship

US

Mailing Address

2194 379th Avenue

City

Clinton

State

Iowa

ZIP

52732

Country

US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

JAN C.

Family Name
or Surname

MANGELSEN

Inventor's
Signature

Date

9/4/03

Residence: City

Charlotte

State

Iowa

Country

US

Citizenship

US

Mailing Address

111 Park Avenue

City

Charlotte

State

Iowa

ZIP

52731

Country

US

Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 1 of 2

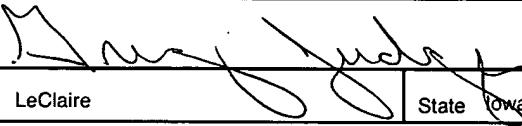
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOHN P.		CHRISTEN	
Inventor's Signature			Date 2-4-03
Residence: City Davenport	State Iowa	Country US	Citizenship US
Mailing Address 776 West 43rd Street			
Mailing Address			
City Davenport	State Iowa	Zip 52806	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
HARLON		NEWMANN	
Inventor's Signature <u>Harlon New</u>	Date 9-10-03		
Residence: City Hampton	State Illinois	Country US	US Citizenship
Mailing Address 230 8th Avenue			
Mailing Address 230 8th Avenue			
City Hampton	State Illinois	Zip 61256	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MIKE		SKAHILL	
Inventor's Signature <u>Mike Skahill</u>	Date 9-4-03		
Residence: City Pleasant Valley	State Iowa	Country US	US Citizenship
Mailing Address P. O. Box 149			
Mailing Address			
City Pleasant Valley	State Iowa	Zip 52767	Country US

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
GREG		JUDGE	
Inventor's Signature			Date <u>9/4/03</u>
Residence: City	LeClaire	State	Iowa
		Country	US
Mailing Address		1313 1/2 Canal Shore Drive	
Mailing Address			
City		State	Iowa
		Zip	52753
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	SIDLINGER, Matthew R., et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P06384US00

I hereby appoint:

 Practitioners at Customer Number

22885

OR Practitioner(s) named below:

Name	Registration Number

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

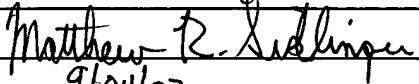
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<input type="checkbox"/> Firm or Individual Name			
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Matthew R. Sidlinger
Signature	
Date	9/04/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 6 forms are submitted.

Please type a plus sign (+) inside this box → **[+]**

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Name	Jan C. Mangelsen
Signature	<i>Jan C. Mangelsen</i>
Date	9/4/03

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Attorney Docket Number	P06384US00

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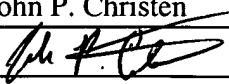
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SIGNATURE of Applicant or Assignee of Record

Name	John P. Christen
Signature	
Date	9-4-02

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Examiner Name	
Attorney Docket Number	P06384US00

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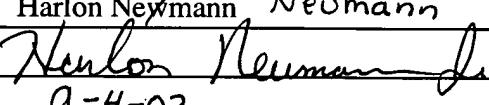
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SIGNATURE of Applicant or Assignee of Record

Name	Harlon Neymann Neumann	
Signature		
Date	9-4-03	

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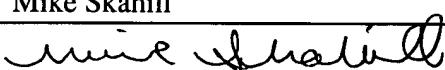
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SIGNATURE of Applicant or Assignee of Record

Name	Mike Skahill
Signature	
Date	9-4-03

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First Named Inventor	SIDLINGER, Matthew R., et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P06384US00

I hereby appoint:

 Practitioners at Customer Number

22885

OR

 Practitioner(s) named below:

Name	Registration Number

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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
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Telephone	Fax		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Greg Judge
Signature	
Date	9/4/03

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